

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016780

4044

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED MAY 1 1962

## I. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. LouisLength of stay in 1b  
2 Days2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY St. Louis

c. CITY OR TOWN St. Louis

Inside Limits  
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION City HospitalInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
3127 LocustReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
WILLIAM MARTIN FOUST4. DATE OF DEATH Month Day Year  
April 17 19625. SEX  
Male6. COLOR OR RACE  
White7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
7-26-18749. AGE (last birthday) 87  
IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Trunk Maker10b. KIND OF BUSINESS OR INDUSTRY  
Luggage11. BIRTHPLACE (City and state or country)  
Indiana12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

Isaac Foust

## 13b. MOTHER'S MAIDEN NAME

Minerva Foust

## 14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv)  
unknown17. INFORMANT Address  
Miss Horn-Nurse Alcazar Boarding Home  
3127 Locust St. Louis18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Leukemia

INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

2044

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_.  
Death occurred at \_\_\_\_\_ 7:30 PM \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22. SIGNATURE

(Degree or title)

Paul J. Simon Deputy Coroner

## 22b. ADDRESS

1300 Clark

## 22c. DATE SIGNED

4/18/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

4/18/62

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

New Albany

(State)

IND.

## 24. FUNERAL DIRECTOR

## ADDRESS

Dieckman New Albany Indiana

## 25. DATE RECD. BY LOCAL REG.

APR 18 1962

## 26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Frank Prohops

Licensed Embalmer No. 4354

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.